STATEMENT OF ORGANIZATION		OFFICE USE C	
Name and Address of Committee	2. Date of this Statement	5/1	
Associtive for Left le Saicherre	9/9/2014	9/24	· .
41601 Veterans Ave. Suite 200 Hammond, LA 70403	Estimated Membership     2		140000
Check If:  New Committee Monthly Filer	Amended Statement?  Yes X No	#89620 #1048	
All Committee Officers and Directors (including Chairperson, Treas	surer, if any, and any other committee of	ficers and directors)	= 0
a. Name b. Position  Martha LeSaicherre Chairperson 411 V	c. <u>Address</u> West Willow St. Ponchatoula, L  88 Sweet Olive Ln. Hammond, L	A 70454	
Affiliated Organizations     (Any organization, other than a political committee, which directly of a. Name     b. Address		financially supports this committee	e.)
7. All Depositories for Committee Funds (committee funds must be of funds.)  a. Name  b. Address  Florida Parishes Bank  490 Barringer Dr. Por		gs and loan institutions or money r	market mutual
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a.	. Check one:	paign Committee Subsi	diary Committee
b. Name of Candidate  Jeff LeSaicherre		c. Office Sought by the Candi 7th Ward Marshal	idate
9. a. Name of Person Preparing Report Taylor & Matthews, CPAs b. Daytime Telephone (985) 386-0033			
10. WE HEREBY CERTIFY that the information contained in this ST. and belief.	ATEMENT OF ORGANIZATION is true	and correct to the best of our know	ledge, information
May of Signature of Committee Chairperson		75-) 98/- 45-23 time Telephone Number	·
1 millet	Da	965) 386-0033 time Télephone Number	-

Form 200, Rev. 12/03